
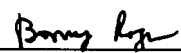




IFW

3679

\$

AMENDMENT TRANSMITTAL LETTER				Docket Number WEM-05401		
Application Number 10/003,682	Filing Date November 2, 2001	Examiner KENNEDY, Joshua T.	Group Art Unit 3679			
Invention Title ATTACHMENT DEVICE FOR ATTACHING A FIRST COMPONENT TO A SECOND COMPONENT						
<b>TO THE COMMISSIONER FOR PATENTS</b> Transmitted herewith is an amendment in the above-identified application, including: <input checked="" type="checkbox"/> (X) Amendment and Response to Office Action <input checked="" type="checkbox"/> (X) Amendment Transmittal (in duplicate) <input checked="" type="checkbox"/> (X) Attachment to Response (2 Pages) <input checked="" type="checkbox"/> (X) Petition for Three Month Extension of Time (in duplicate) <input checked="" type="checkbox"/> (X) Form PTO-2038 <input checked="" type="checkbox"/> (X) Return Postcard						
<b>CLAIMS AS AMENDED</b>						
	(1)		(2)	(3)		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS	30	Minus	39	0	x \$ 50	\$
INDEPENDENT CLAIMS	3	Minus	3	0	x \$200	\$
MULTIPLE DEPENDENT CLAIM ADDED					\$360	\$
					TOTAL	\$
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL		\$	
<p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the highest number previously paid for Total Claims in column 2 is less than 20, enter "20." *** If the highest number previously paid for Independent Claims in column 2 is less than 3, enter "3." The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.</p> <p><input type="checkbox"/> ( ) Please charge <b>Deposit Account Number 503596</b> in the amount of \$ _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> ( ) Please charge \$ _____ to our credit card. Attached is PTO Form 2038.</p> <p><input type="checkbox"/> ( ) A check in the amount of \$ _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> (X) Please credit any overpayment and/or charge any additional filing fees required under 37 CFR §§ 1.16 and 1.17 to our <b>Deposit Account Number 503596</b>.</p>						
 Donald W. Muirhead, Reg. No. 33, 978 April 18, 2007 Date				<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 18, 2007.</p><p style="text-align: center;"> Bonny Rogers</p></div>		
Customer No. 26339						